

(for office use only):

Date Application Received: 10

Type of Certificate Issued:

CAMBRIDGE HISTORICAL COMMISSION RECEIVED

831 Massachusetts Avenue, 2nd Fl., Cambridge, Massachusetts 02139
Telephone: 617 349 4683 Fax: 617 349 3116 TTY: 617 349 6112
E-mail: histcomm@cambridgema.gov URL: http://www.cambridgema.gov/Historic

CAMBRIDGE HISTORICAL COMMISSION

APPLICATION FOR CERTIFICATE

(The undersigned hereby applies to the Cambridge Historical Commission for a Certificate of check one box): X Appropriateness, Nonapplicability, or Hardship, in accordance with Chapter 40C of the Massachusetts General Laws and/or Chapter 2.78 of the Municipal Code.
2. A	Address of property: 139 Main Street , Cambridge, Massachusetts
3. I	Describe the proposed alteration(s), construction or demolition in the space provided below: An additional page can be attached, if necessary).
The pro	posed construction/alteration includes
I certif	drawings. Minor changes to lighting will be included. Changes to signage will be proposed at a future time. y that the information contained herein is true and accurate to the best of my knowledge and belief.
The undersigned also attests that he/she has read the statements printed on the reverse.	
Nam	e of Property Owner of Record: MIT 139 Main Street Leasehold LLC
Mailing Address: MIT Investment Management Company, 238 Main Street, Suite 200, Cambridge, MA 02142	
Telephone/Fax: 617.324.4885 / 617.258.6676 E-mail: ahbreed@mitimco.mit.edu	
⇒ (Requ	Signature of Property Owner of Record: ired field; the application will not be considered complete without the property owner's signature)
Name of proponent, if not record owner:	
Mailing Address:	
	phone/Fax: E-mail:
	D. Alexander, as President of the Manager of MIT 139 Main Street Leasehold LLC and not individually

7 Case Number: <u>3850</u> Hearing Date: 11

Date Issued: